Example Screening Protocol

1. Check-In: Providing the proper screening instruments
   a. Front desk upon check in for wellness visit will determine if patient presents for recommended screening at 9,18, and 30 months and use a sticker to note the child's need for an ASQ screener.
   b. ASQ completed on paper
      i. If completing a paper version of the ASQ, patients will be given the appropriate age screener. The ASQ desktop app will be available to calculate gestational age, if needed for prematurity.
      ii. Copies of the ASQs (ages 8 to 36 months) will be stored for easy accessibility; however, PDF versions of the ASQ can also be printed from the computer, as needed.
      Those using the paper version of the ASQ can begin completing the form while in the waiting room.
2. Rooming
   a. ASQ completed on iPad
      i. If available, patients will be provided an iPad once they are roomed.
      ii. iPad security
         1. Overnight, iPads will be stored in the nurse manager's office.
         2. During clinic hours, the iPads will be located at the nurses' stations.

   b. When the patient is roomed, the parent/guardian will complete the ASQ
      i. ASQ on iPad
         1. If an iPad is available, the triage MOA will take the iPad to the room with the patient.
         2. The nurse will unlock the iPad using the PIN #
         3. The parent/guardian will be instructed to use the information on their child's wristband for proper spelling of name and DOB to either
            a. locate a previously created account for their child
            b. create a new account
         4. If needed, the rooming nurse or other designated staff will help the parent begin the log-in or registration process on the iPad.
      ii. ASQ on paper
         1. The patient will continue completing the ASQ after being roomed.
         2. The completed ASQ stays in the room with the patient to await scoring by the provider.

3. Provider's visit
   a. When the screener is completed, the provider can sign into database to review the results.
   b. Provider will discuss ASQ results with parent/guardian.
   c. Documenting ASQ results in EPIC
      i. If a hardcopy version of the screener was completed, staff will scan documents into media section of EPIC and will include "Questionnaire" and the screener month as the document label (e.g. ASQ-18month)
      ii. If the screener was completed through online instrument, physicians must copy the results from the database and paste them into EPIC.

b. If the provider is concerned about a child's development and wants to schedule a <u>follow-up appointment</u> to administer another screener, a note should be visible to the scheduler so he/she knows to indicate in the "follow up" note that a follow-up screening should be conducted at the follow-up visit.
c. Children who fall under monitoring or concern should be given an activity sheet (located in the doctor's work area).
d. If the provider refers the child for services, it should be documented in the child's list of diagnoses as "delay" or "concern" in EPIC.
e. Provider should review previous notes and any plans of care documents to determine whether child was referred for treatment.

4. Check-out
a. If the provider indicates that the child should be re-screened at the follow-up visit, the scheduler should copy and paste the "follow up" note when he/she schedules the appointment. This will notify the MOA at the scheduled visit to provide the appropriate screener(s) for the child.